PUBITION	INITIALS	ID NO.	DATE
FEE LETERMINATION			/
O.I.P.E. CLASSIFIER	27	32	1//30
ORMALITY REVIEW			17
RESPONSE FORMALITY REVIEW		./	/

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	1	Interference
_	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

- (Through numeral) Canceled A									
Claim Date	Claim		ate	Claim	Date				
Final Diginal St. 900	Final Original			Final Original					
	51 0 52 0			102					
э	53			103					
4	54	 		105					
6	56			106					
B	57		++++	108					
P	59			109					
1p:	60	 	 	110					
12 112	62			112					
18	63			113					
14 1/1/	64	++++	+	114					
-16	66			116					
17	67 . 68	1 1 1		117					
119	69	 	+	119					
20 1	70			120					
21	71	 	 	121					
22	73		 	123					
24	74			124					
25 26 26 2	75 76	+	++++	125 126					
27 11/ 1/1	77			127					
(28)	78	 		128 129					
30	80			130					
1 _ 1 30 1 _ 31 1 1 1 1 1 1 1 1 1	81			131 132					
38	82	 	+ + + + + + + + + + + + + + + + + + + +	133					
S3LDM.	84			134					
(35) \(\sigma = \sigma \)	85	++++	 - - - - 	135 136					
37 0	87			137					
38 4	88	++++		138					
39 0	90	 	+ + + + + + +	140					
41 0	91			141					
42 10	92	1-1-1-1	 	142					
44 97	94	 	 	144					
45 V V	95			145					
46 V V,	96	++++	 	146	- 				
1 48 O	98			148					
49 0	100	+	 	149					
50 0	(livu		1 -1 -1 -1 -1						

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)